



INSTRUCTION FOR GRAVES AND APPLICATION FOR ORDER OF BURIAL

Application Details

Surname of Deceased Person:	[Click here to enter text.]		
Given Names:	[Click here to enter text.]		
Place of Birth:	[Click here to enter text.]		
Last Residence:	[Click here to enter text.]		
Place of Death:	[Enter text.]	Date of death:	[Enter text.]
Cause of Death (As per Doctor's Medical Certificate or Coroner's Certificate attached)	[Click here to enter text.]		
Occupation:	[Click here to enter text.]		
Religion:	[Click here to enter text.]		
Name of Minister:	[Click here to enter text.]		
Name of Next of Kin:	[Click here to enter text.]	Relationship:	[Enter text.]
Children of Deceased:	[Click here to enter text.]		
Private/Public Burial	[Click here to enter text.]	Family in next plot? Y <input type="checkbox"/> N <input type="checkbox"/>	
Date of Burial:	[Click here to enter text.]	Time:	[Enter text.]
Grave Required:	New <input type="checkbox"/> Reopened <input type="checkbox"/> Reserved Lot No <input type="checkbox"/> Coffin <input type="checkbox"/> Casket <input type="checkbox"/>		
Depth for Two:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reserve Grave:	G.O.R. of Burial for:	No: [Enter text.]	
Denominational Ground:	Section:	[Enter text.]	

Applicant Details

Name of Applicant:	[Click here to enter text.]			
Relationship to Deceased:	[Click here to enter text.]			
Address of Applicant:	[Click here to enter text.]			
Contact Numbers:	Home	[Enter text.]	Mobile	[Enter text.]
Email address:	[Click here to enter text.]			

Applicant's Signature _____ **Date** _____

Office Use:

Application Received:	This day of year .			
Administration Officer Signature				
Receipt No.	Grant No:		Order/Register No:	
Undertakers Name:				
Contact Numbers:	Business	[Enter text.]	Mobile	[Enter text.]
Email address:	[Click here to enter text.]			
Undertaker's Signature:				